UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	Form A For use by Members, officers, and employees	HAND DELIVERED
Name: Yvette D. Clarke Day	Daytime Telephone: (202) 225-62311 AUS 29 PH 4: 30	AUG 29 PN 4: 30
		(Óffice Úse Only)
Status Member of the U.S. State: No.: York  House of Representatives District: 11 h	Officer or Employing Office:	A \$200 penalty shall be assessed
Amendment	Termination Date:	30 days late.
PRELIMINARY INFORMATION — ANSWER EACH OF T	OF THESE QUESTIONS	
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes No	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	receive any regating more Yes No
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.		d receive any n the reporting Yes No
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	or before the date  Yes No
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	arrangement with  Yes No
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  No  If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	tion in this part must be answered and the schedule attached for each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST IN	INFORMATION — ANSWER EACH O	OF THESE QUESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	nics and certain other "excepted trusts" need not be discent child?	closed. Have you Yes No No
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities o they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on	re, transactions, or liabilities of a spouse or dependent child because sulted with the Committee on Ethics.	child because Yes No X

## Asset and/or Income Source

BLOCK A

more than \$200 in "unearned" income during the year. the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at Identify (a) each asset held for investment or production reportable asset or sources of income which generated

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

value at the end of the reporting period the name of the institution holding the account and its account that exceeds the reporting thresholds. For retirethe power, even if not exercised, to select the specific plans) that are self-directed (i.e., plans in which you have ment accounts which are not self-directed, provide only investments), provide the value for each asset held in the For **all IRAs** and other retirement plans (such as 401(k)

For rental or other real property held for investment, pro-

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If only a

that is not publicly traded, state the name of the busition in Block A For an ownership interest in a privately-held business ness, the nature of its activities, and its geographic loca-

Exclude: Your personal residence, including second from, a federal retirement program, including the Thrift ing \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived ncome during the reporting period); any deposits totalnomes and vacation homes (unless there was rental

optional column on the far left child (DC), or is jointly held with your spouse (JT), in the If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent

please refer to the instruction booklet For a detailed discussion of Schedule III requirements

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$250,001 - \$500,000

Over \$50,000,000

NONE

None

\$2,501

DIVIDENDS RENT

INTEREST

CAPITAL GAINS

EXCEPTED/BUIND TRUST

(Specify: e.g., Partnership Income or Farm Income)

example

See below for

(S) (partial)

as follows:

please indicate asset is sold

Other Type of Income

\$1,000

\$15,001 - \$50,000

Over \$5,000,000

\$100.001 - \$1.000.000

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\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000

\$100,001 - \$250,000

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Mega Corp. Stock Simon & Schuster 1st Bank of Paducah,

DC, Examples

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-/ENSURE

Service Services

<u>.</u>

Accounts

Indefinite

Royalties

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(partial)

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### Value of Asset **BLOCK B**

please specify the method used reporting year. If you use a valuation method other than fair market value, Indicate value of asset at close of

generated income, the value should be "None." year and is included only because it If an asset was sold during the reporting

### Type of Income

gains, even if reinvested, must be Dividends, interest, and capital Check all columns that apply. ing the reporting period if the asset generated no income durdisclosed as income. Check "None" may check the "None" column (such as 401(k) plans or IRAs), you that generate tax-deferred income you to choose specific investments <u>or</u> retirement accounts that do not allow ğ

indicate the category of income by as 401(k) plans or IRAs), you may check was earned or generated as income. Check "None" if no income even if reinvested, must be disclosed Dividends, interest, and capital gains, checking the appropriate box below. the "None" column. For all other assets, that generate tax-deferred income (such you to choose specific investments

For retirement accounts that do not allow Amount of Income \$1,000 in purchases (P) exceeding exchanges sales (S), or asset had Indicate if the eporting year. ransaction BLOCK E  $\widehat{\Box}$ 

For additional assets and unearned income, use next page.	

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	BLOCK A Asset and/or Income Source				<	<u>₽</u> ~	<b>68</b> E	BLOCK B Year-End ue of As	BLOCK B Year-End Value of Asset	set	.,							۹ _ ا	BLOCK Type of Inco	BLOCK C Type fincom	me C			A	100	ut 타	BLOCK D	j □	BLOCK D  Amount of Income	1e			BLOCK E <b>Transaction</b>
SP,		>	<b>a</b>	) ()										j		-				ID TRUST			=	=	₹	<		≦ j				×	ரைவைய
Ţ		None	\$1,-\$1,000	\$1,001 - \$15,000	\$15,001 <b>– \$5</b> 0,000	\$50,001 - \$100,00	\$1,00,001 - \$250,0	\$250,001 - \$500,0	\$500,001 - \$1,000	\$1,000,001 – \$5,0	\$5,000,001 <b>-</b> \$25,		\$25,000,001 - \$50	Over \$50,000,000	NONE	DIVIDENDS	RENT .	<b>ENTEREST</b>	CAPITAL GAINS	EXCEPTED/BLINI	Other Type of Inco (Specify: e.g., Partnership Incom Farm Income)	None	\$1-,\$200	\$201 – \$1,000	3\$1.001(±\$2.500	\$2,501 - \$5,000	\$51001(\$15,000	\$15,001 – \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,0	F\$1,000;004 - \$5,000	Over \$5,000,000	
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# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

spouse or dependent child that is totally independent of his or her relationship to you

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	2
	Aug. 6–11	DC—Los Angeles—Cleveland	Y	Υ	Υ
AC Foundation	April 18th 19th	JC-JN Euglass-IN 4613 8114	Υ	_	7
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